

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1856
1866

City..... Atlanta, Ga

Primary Registration District No. 4260

Registered No.

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

Widower

17, 1844
(Day) (Year)

It LESS than
1 day,.....hrs.
or.....min.?

housewife

ustry
nt in
loyer)

Edinghausens,
Germany.

~~AD~~ ~~1876~~

State or foreign country) *Germany*

Caroline Grabenkreuzer

1941

(Informant) - Aug. Schmidt is

(Informant) Ray. Schmitt

(Address).....Alma, Mo

15

Filed 1-9-1918 J. H. W. Fischer

MEDICAL CERTIFICATE OF DEATH

.....*Jan.*.....*3*.....191*8*.....
(Month) (Day) (Year)

Sep. 8, 1917, to Jan 5, 1918.

that I last saw her alive on Jan. 3, 1918.

and that death occurred, on the date stated above, at 8.30 A.M.

The CAUSE OF DEATH* was, as follows:

Unknown Chronic Disease

CONTRIBUTORY
(Secondary)

..... (Duration) yrs¹ mos. ds.

7 (Signed) J. G. W. Fischer, M. D.

Jan 15- 1918 (Address) J. G. W. Fisch

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted
if not at place of death?.....

Former or
usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Gloria Cemetery 117 1910

20 UNDERTAKES

at Hoken Higginsville

1111
14
R4
18

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

J. G. W. FISCHER, M. D.

ALMA, MISSOURI

Secretary State Board of Health:

You will notice that the cause of death on this certificate is given as "Unknown Chronic Disease". I have been unable to make a more definite diagnosis, altho the patient has been, from the beginning to the end under my daily care and observation. She was my mother-in-law and for the last 14 months has practically been a part of my family.

She was a healthy and robust woman until about 2 years ago when she began gradually to lose interest in business matters, got poorer and weaker, yet not sick nor complaining. From Sept. last she began to fail more rapidly, still she did not want to be sick and her appetite was good, but she took her meals mostly in bed. At times, when her bowels did not move for 2 or 3 days, she would have about 2 degrees of fever which would disappear after taking a dose of oil. Suspecting intestinal toxemia I put her on mineral oil and P. D. & Co. Bulgarian Bacillus Tablets which was all the medicine she needed. The last 6 days her right ankle became slightly edematous and her radial pulse was felt with difficulty and was weak, altho I could detect no valvular, ~~treatable~~ renal nor liver trouble. She gradually sank and easily and quietly passed away, yet being fully conscious up to the last 30 minutes.

Either my wife, my sister-in-law, or the servant girl, was constantly with her and she had the very best of attention. All her living children were with her when she died.

I thus went fully into details, and if you can make a diagnosis from the foretated facts, and would suggest a diagnosis or any corrections, I would be glad to make necessary ~~at~~ correction upon return of this certificate.

J. G. W. Fischer, M. D., Alma, Mo.

Jan. 9. 1918.